

# UNIBANK

## ACH Authorization Form

**Instructions: Please complete all 3 steps.**

1. Complete and sign the form below.
2. Attached a voided check or a savings withdrawal slip to the form.
3. Return the original form and the voided check or savings withdrawal slip to UniBank.

**Note: UniBank will process your account for automatic deduction as soon as possible after we receive your form. The authorization form must reach our office 10 days prior to transaction date to give us reasonable time to process your request.**

I (We) hereby authorize \_\_\_\_\_ (The Company) to initiate entries to my (our) checking/savings account at the Financial Institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. *This authority will remain in effect until The Company is notified by me (us) in writing.* I understand that the written notification will need to be received by The Company and The Financial Institution at least 10 days prior to transaction date to afford them reasonable opportunity to act on it.

Please print the following information:

Name of Financial Institution: \_\_\_\_\_

Routing No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Checking or Savings (Circle one) Acct. No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Frequency: (Please circle one or fill out your own schedule): Monthly Bi-monthly Quarterly

Withdrawal Date: (circle one): 1<sup>st</sup> 10<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> or \_\_\_\_\_

UniBank Account Number:  Checking  Savings  Installment Savings  Loan

Account Number: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Address (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: UniBank

16929 Hwy. 99, Ste. 110, Lynnwood, WA 98037

9701 South Tacoma Way, Ste. 107, Lakewood, WA 98499

31433 Pacific Hwy. South, Federal Way, WA 98003